

# **SCHEDULE B (FEC Form 3)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)  
PEOPLE FOR JON GOLNIK, THE

**A.**

Full Name (Last, First, Middle Initial)  
WCAP

Mailing Address 243 Central St.

City State Zip Code  
Iowell MA 01852

Purpose of Disbursement  
Advertising

Candidate Name

003  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.6077

Date of Disbursement

/   /

Amount of Each Disbursement this Period

78.00

**B.**

Full Name (Last, First, Middle Initial)  
WNBP

Mailing Address 1 Merrimac St

City State Zip Code  
Newburyport MA 01950

Purpose of Disbursement  
Advertising

Candidate Name

004  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** SB17.6078

Date of Disbursement

/   /

Amount of Each Disbursement this Period

300.00

**SUBTOTAL** of Disbursements This Page (optional) .....

378.00

**TOTAL** This Period (last page this line number only) .....

65548.89